

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**MISCELLANEOUS 2418**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000015207 3)))



H210000152073ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS (ANNUAL REPORTS)  
Account Number : I20130000003  
Phone : (561)694-8107  
Fax Number : (561)694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
INVENTIV HEALTH CLINICAL RESEARCH SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

JAN 13 2021  
C Kins...

Electronic Filing Menu

Corporate Filing Menu

Help

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: inVentiv Health Clinical Research Services, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M15000002418

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/09/2013

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Syneos Health Clinical Research Services, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

**FILED**

2021 JAN 12 AM 11:48  
TALLAHASSEE  
CLERK OF CIRCUIT COURT

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

Danielle Gossman, Attorney-in-Fact

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "INVENTIV HEALTH CLINICAL RESEARCH SERVICES, LLC", CHANGING ITS NAME FROM "INVENTIV HEALTH CLINICAL RESEARCH SERVICES, LLC" TO "SYNEOS HEALTH CLINICAL RESEARCH SERVICES, LLC", FILED IN THIS OFFICE ON THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2020, AT 2:14 O'CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

5272234 8100  
SR# 20210060528

Authentication: 202245419  
Date: 01-08-21

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

CERTIFICATE OF AMENDMENT  
OF THE  
CERTIFICATE OF FORMATION  
OF  
INVENTIV HEALTH CLINICAL RESEARCH SERVICES, LLC

1. The name of the limited liability company is inVentiv Health Clinical Research Services, LLC (the "Company").
2. The Certificate of Formation of the Company is hereby amended by deleting item FIRST of the Certificate of Formation in its entirety and substituting the following therefor:  
"FIRST. The name of the limited liability company is Synecos Health Clinical Research Services, LLC."
3. This Certificate of Amendment of the Certificate of Formation shall be effective upon its filing with the Secretary of State of the State of Delaware.

*[signature page follows]*

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment of the Certificate of Formation this 16th day of December 2020.

INVENTIV HEALTH CLINICAL  
RESEARCH SERVICES, LLC

By: Sara Epstein Electronically signed by: Sara  
Epstein  
Reason: I am the approver  
Date: Dec 16, 2020 14:16 EST  
Name: Sara Epstein  
Title: Manager